

CLERK
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

2024 MAR 22 A 9:03

4/1/2024

Arge D.

EDWARD CALLAHAM,

Plaintiff,

vs.

PASSAIC COUNTY ET. AL,

Defendants,

Case No.: 2:24-cv-00891-MCA-JRA

Hon. Madeline Cox Arleo, U.S.D.J.

Hon. Jose R. Almonte, U.S.M.J.

**AFFIRMATION IN SUPPORT OF
REQUEST FOR
CERTIFICATE OF DEFAULT**

Edward Callaham hereby declares as follows:

1. I am the plaintiff in this action.
2. This action was commenced pursuant to ADA Title II and 42 U.S.C. § 1983, 42 U.S.C. § 12131-12134, Section 504 of Rehabilitation Act, 29 U.S.C. § 794, 42 U.S.C. § 12132, 28 C.F.R. § 35.130 (d), 29 U.S.C. § 795, 45 C.F.R. § 84.4, NJLAD, 28 C.F.R. § 35.104, 28 C.F.R. Part 35, 42 C.F.R. § 12131(1)
3. The time for defendant(s) New Jersey Department of Human Services Title IV-D , to answer or otherwise move with respect to the amended complaint served on March 15, 2024 herein has expired on March 29, 2024.
4. Defendant, New Jersey Department of Human Services Title IV-D , has not answered or otherwise moved with respect to the complaint, and the time for defendant New Jersey

Department of Human Services Title IV-D , to answer or otherwise move has not been extended.

5. That defendant, New Jersey Department of Human Services, is not an infant or incompetent. Defendant, New Jersey Department of Human Services Title IV-D , is not presently in the military service of the United States as appears from the facts in this litigation.
6. Defendant, New Jersey Department of Human Services Title IV-D , is indebted to plaintiff, Edward Callaham, in the following manner in the sum of \$34,000,000 [thirty four million dollars] as a portioned of the one hundred million dollars owed by the collective Defendants.

WHEREFORE, plaintiff EDWARD CALLAHAM requests that the default of defendant *New Jersey Department of Human Services Title IV-D* , be noted and a certificate of default issued.

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge, information and belief, that the amount claimed is justly due to plaintiff, and that no part there of has been paid.

Dated: April 1, 2024

By: 

EDWARD CALLAHAM *Pro Se*
P.O. Box 7131
Rochelle Park, NJ 07662
callahamcourt@gmail.com

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

EDWARD CALLAHAM,
Plaintiff

V.

SUMMONS IN A CIVIL CASE

PASSAIC COUNTY, ET AL.,
Defendant

CASE
NUMBER: **2:24-CV-00891-MCA-JRA**

TO: *(Name and address of Defendant):*

New Jersey Department of Human Services Title IV-D
Division of Family Development (TANF)

Office of Assistant Commissioner - Natasha Johnson
6 Quakerbridge Plaza
Trenton, NJ 08619

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

EDWARD CALLAHAM
P.O. BOX 7131
ROCHELLE PARK NJ 07662

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

U.S. DISTRICT COURT
CLERKS OFFICE
50 Walnut Street
Newark, NJ 07102

CLERK OF COURT



ISSUED ON 2024-02-16 13:25:52, Clerk
USDC NJD

CLERK
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY

2024 MAR 32 A 9:03



20240301094628

AO 440 (Rev. 06/12) Summons in a Civil Action

RETURN OF SERVICE

SERVICE OF: **SUMMONS AND COMPLAINT**
 EFFECTED (1) BY ME: **DAVID FILARSKI**
 TITLE: **PROCESS SERVER**

DATE: 3/1/2024 10:30:22 AM

CHECK ONE BOX BELOW TO INDICATE APPROPRIATE METHOD OF SERVICE:

☐ Served personally upon the defendant

NEW JERSEY DEPARTMENT OF HUMAN RESOURCES TITLE IV-D

Place where served:

DIVISION OF FAMILY DEVELOPMENT, OFFICE OF ASSISTANT COMMISSIONER - NATASHA JOHNSON 6 QUAKERBRIDGE PLAZA
TRENTON NJ 08619☒ Left copies thereof at the defendant's dwelling house or place of business with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:

V MILLENER

Relationship to defendant **PERSON AUTHORIZED TO ACCEPT SERVICE**

Description of Person Accepting Service:

SEX: F AGE: 51-65 HEIGHT: 5'4"-5'8" WEIGHT: 131-160 LBS. SKIN: BROWN HAIR: BLONDE OTHER: _____

☒ To the best of my knowledge, said person was not engaged in the U.S. Military at the time of service

STATEMENT OF SERVER

TRAVEL\$ _____

SERVICES \$ _____

TOTAL \$ _____

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in this Return of Service and Statement of Server is true and correct.

Served Data:

Subscribed and Sworn to me this

1st day of March, 2024

Notary Signature _____

Rosemary Ramos


Name of Notary

September 25th, 2028

My Commission Expires

I, DAVID FILARSKI,

was at the time of service a competent adult, over the age of 18 and not having direct interest in the litigation. I declare under penalty of perjury that the foregoing is true and correct.


 Signature of Process Server

 03/01/2024
 Date

ATTORNEY: EDWARD CALLAHAM, PRO-SE
 PLAINTIFF: EDWARD CALLAHAM
 DEFENDANT: PASSAIC COUNTY, ET AL
 VENUE: DISTRICT
 DOCKET: 2 24 CV 00891 MCA JRA
 COMMENT:

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

EDWARD CALLAHAM,
Plaintiff,

AFFIRMATION OF SERVICE

V.

PASSAIC COUNTY, ET AL.,
Defendant

CASE
NUMBER: 2:24-CV-00891-MCA-JRA

I EDWARD CALLAHAM declare under penalty of perjury that I have served a copy of the attached AMENDED COMPLAINT upon Defendant NJ DEPARTMENT OF HUMAN SERVICE TITLE IV-D by certified mail.

CERTIFIED MAIL[®]



7022 2410 0002 9712 6870

To: NJ DEPARTMENT OF HUMAN SERVICE TITLE IV-D
OFFICE OF ASSISTANT COMMISSIONER - NATASHA JOHNSON
6 QUAKERBRIDGE PLAZA
TRENTON, NJ 08619

Dated: March 11, 2024

By: _____

A handwritten signature in black ink, appearing to read 'E. Callaham'.

EDWARD CALLAHAM *Pro Se*
P.O. Box 7131
Rochelle Park, NJ 07662
callahamcourt@gmail.com

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Complete items 1, 2, and 3. CPO</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature _____ <input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> Address _____</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>NEW JERSEY DEPARTMENT OF HUMAN SERVICES OFFICE OF ASSISTANT COMMISSIONER – NATASHA JOHNSON 6 QUAKERBRIDGE PLAZA TRENTON NJ 08619</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p> 9590 9402 7587 2098 1917 08</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 2410 0002 9712 6870</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>